

DMV Lane Technician Observation Report

DMV Technician: <u>Row Griffith</u>		Position: <u>1</u> or 2	
Station: <u>Georgetown</u>		Date: <u>7-2-14</u>	Time: <u>1:15</u>
Vehicle Make: <u>Chevy</u>		Model: <u>1500</u>	Year: <u>1991</u>
GVWR:	Fuel Type: <u>G</u>	Registration Number: <u>VN 100859</u>	
Auditor: <u>Dussert</u>		<u>Covert</u> / Overt (circle one)	
		YES	NO
1. Did technician check vehicle paper work and verify VIN number?			
		<input checked="" type="checkbox"/>	
2. Was Emissions testing required?			
		<input checked="" type="checkbox"/>	
a) Was Emissions testing performed using OBD?			
			<input checked="" type="checkbox"/>
b) Was Emissions testing performed using Analyzer Probe?			
		<input checked="" type="checkbox"/>	
c) Was Emissions testing performed using Paddle(s)?			
			<input checked="" type="checkbox"/>
d) Was Emissions testing performed using Clip?			
			<input checked="" type="checkbox"/>
3. Was Catalytic Converter inspection required?			
			<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?			
			<input checked="" type="checkbox"/>
4. Was Fuel Tank pressure testing required?			
			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			
			<input checked="" type="checkbox"/>
5. Was Fuel Cap pressure testing required?			
			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			
			<input checked="" type="checkbox"/>
6. Is this test a Re-check from a prior failure?			
			<input checked="" type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)			
			<input checked="" type="checkbox"/>
b) If this is re-check #3, was repair paperwork verified for waiver?			
			<input checked="" type="checkbox"/>
New Castle and Kent Counties Only			
7. Was Two-Speed Idle testing required?			
			<input checked="" type="checkbox"/>
a) Was Two-Speed Idle testing performed?			
			<input checked="" type="checkbox"/>
Sussex County Only			
8. Was Curb Idle testing required?			
		<input checked="" type="checkbox"/>	
a) Was Curb Idle testing performed?			
		<input checked="" type="checkbox"/>	
Comment:			
Lane Supervisor Signature: _____			

DMV Lane Technician Observation Report

DMV Technician: <u>Carlos Rodriquez</u>		Position: <u>1</u> or 2	
Station:	Date: <u>7-2-14</u>	Time: <u>1:36</u>	
Vehicle Make: <u>FORD</u>	Model: <u>Ranger</u>	Year: <u>1993</u>	
GVWR:	Fuel Type: <u>G</u>	Registration Number: <u>C88775</u>	
Auditor: <u>Dossier</u>		<u>Covert</u> / Overt (circle one)	

	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	✓		
2. Was Emissions testing required?	✓		
a) Was Emissions testing performed using OBD?		✓	
b) Was Emissions testing performed using Analyzer Probe?	✓		
c) Was Emissions testing performed using Paddle(s)?		✓	
d) Was Emissions testing performed using Clip?		✓	
3. Was Catalytic Converter inspection required?		✓	
a) Was Catalytic Converter inspection performed?			✓
4. Was Fuel Tank pressure testing required?		✓	
a) Was Fuel Tank pressure testing performed?			✓
5. Was Fuel Cap pressure testing required?		✓	
a) Was Fuel Cap pressure testing performed?			✓
6. Is this test a Re-check from a prior failure?		✓	
a) Which re-check test is being performed? 1 2 3 (circle one)			✓
b) If this is re-check #3, was repair paperwork verified for waiver?			✓
New Castle and Kent Counties Only			
7. Was Two-Speed Idle testing required?		✓	
a) Was Two-Speed Idle testing performed?			✓
Sussex County Only			
8. Was Curb Idle testing required?	✓		
a) Was Curb Idle testing performed?	✓		
Comment:			
Lane Supervisor Signature: _____			

DMV Lane Technician Observation Report

DMV Technician: <u>Robert Harding</u>		Position: <u>Dor 2</u>	
Station: <u>Georgetown</u>		Date: <u>7-2-14</u>	Time: <u>1:41</u>
Vehicle Make: <u>Jeep</u>		Model: <u>Wrangler</u>	Year: <u>2000</u>
GVWR:	Fuel Type: <u>G</u>	Registration Number: <u>2C84247</u>	
Auditor: <u>Dossant</u>		<u>Covert</u> / Overt (circle one)	
		YES	NO
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	
2. Was Emissions testing required?		<input checked="" type="checkbox"/>	
a) Was Emissions testing performed using OBD?			<input checked="" type="checkbox"/>
b) Was Emissions testing performed using Analyzer Probe?		<input checked="" type="checkbox"/>	
c) Was Emissions testing performed using Paddle(s)?			<input checked="" type="checkbox"/>
d) Was Emissions testing performed using Clip?			<input checked="" type="checkbox"/>
3. Was Catalytic Converter inspection required?			<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?			<input checked="" type="checkbox"/>
4. Was Fuel Tank pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			<input checked="" type="checkbox"/>
5. Was Fuel Cap pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			<input checked="" type="checkbox"/>
6. Is this test a Re-check from a prior failure?			<input checked="" type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)			<input checked="" type="checkbox"/>
b) If this is re-check #3, was repair paperwork verified for waiver?			<input checked="" type="checkbox"/>
New Castle and Kent Counties Only			
7. Was Two-Speed Idle testing required?			<input checked="" type="checkbox"/>
a) Was Two-Speed Idle testing performed?			<input checked="" type="checkbox"/>
Sussex County Only			
8. Was Curb Idle testing required?		<input checked="" type="checkbox"/>	
a) Was Curb Idle testing performed?		<input checked="" type="checkbox"/>	
Comment:			
Lane Supervisor Signature: _____			

DMV Lane Technician Observation Report

DMV Technician: <u>Tom Tesley</u>		Position: <u>1</u> or 2	
Station: <u>Georgetown</u>	Date: <u>7-2-14</u>	Time: <u>1:10</u>	
Vehicle Make: <u>Chrysler</u>	Model: <u>PT Cruiser</u>	Year: <u>2004</u>	
GVWR:	Fuel Type: <u>4</u>	Registration Number: <u>WS4546</u>	
Auditor: <u>Dossert</u>		Covert / Overt (circle one)	
	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	<input checked="" type="checkbox"/>		
2. Was Emissions testing required?	<input checked="" type="checkbox"/>		
a) Was Emissions testing performed using OBD?		<input checked="" type="checkbox"/>	
b) Was Emissions testing performed using Analyzer Probe?	<input checked="" type="checkbox"/>		
c) Was Emissions testing performed using Paddle(s)?		<input checked="" type="checkbox"/>	
d) Was Emissions testing performed using Clip?		<input checked="" type="checkbox"/>	
3. Was Catalytic Converter inspection required?		<input checked="" type="checkbox"/>	
a) Was Catalytic Converter inspection performed?			<input checked="" type="checkbox"/>
4. Was Fuel Tank pressure testing required?		<input checked="" type="checkbox"/>	
a) Was Fuel Tank pressure testing performed?			<input checked="" type="checkbox"/>
5. Was Fuel Cap pressure testing required?		<input checked="" type="checkbox"/>	
a) Was Fuel Cap pressure testing performed?			<input checked="" type="checkbox"/>
6. Is this test a Re-check from a prior failure?		<input checked="" type="checkbox"/>	
a) Which re-check test is being performed? 1 2 3 (circle one)			<input checked="" type="checkbox"/>
b) If this is re-check #3, was repair paperwork verified for waiver?			<input checked="" type="checkbox"/>
New Castle and Kent Counties Only			
7. Was Two-Speed Idle testing required?		<input checked="" type="checkbox"/>	
a) Was Two-Speed Idle testing performed?			<input checked="" type="checkbox"/>
Sussex County Only			
8. Was Curb Idle testing required?	<input checked="" type="checkbox"/>		
a) Was Curb Idle testing performed?	<input checked="" type="checkbox"/>		
Comment:			
Lane Supervisor Signature:			

DMV Lane Technician Observation Report

DMV Technician: <u>Steve Aaron</u>		Position: <u>1</u> or 2	
Station: <u>Georgetown</u>	Date: <u>7-2-14</u>	Time: <u>1:12</u>	
Vehicle Make: <u>Chrysler</u>	Model: <u>PT Cruiser</u>	Year: <u>905232</u>	
GVWR:	Fuel Type: <u>4</u>	Registration Number: <u>2005</u>	
Auditor: <u>Dossert</u>		<u>Covert</u> / Overt (circle one)	

	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	<input checked="" type="checkbox"/>		
2. Was Emissions testing required?	<input checked="" type="checkbox"/>		
a) Was Emissions testing performed using OBD?		<input checked="" type="checkbox"/>	
b) Was Emissions testing performed using Analyzer Probe?	<input checked="" type="checkbox"/>		
c) Was Emissions testing performed using Paddle(s)?		<input checked="" type="checkbox"/>	
d) Was Emissions testing performed using Clip?		<input checked="" type="checkbox"/>	
3. Was Catalytic Converter inspection required?		<input checked="" type="checkbox"/>	
a) Was Catalytic Converter inspection performed?			<input checked="" type="checkbox"/>
4. Was Fuel Tank pressure testing required?		<input checked="" type="checkbox"/>	
a) Was Fuel Tank pressure testing performed?			<input checked="" type="checkbox"/>
5. Was Fuel Cap pressure testing required?		<input checked="" type="checkbox"/>	
a) Was Fuel Cap pressure testing performed?			<input checked="" type="checkbox"/>
6. Is this test a Re-check from a prior failure?		<input checked="" type="checkbox"/>	
a) Which re-check test is being performed? 1 2 3 (circle one)			<input checked="" type="checkbox"/>
b) If this is re-check #3, was repair paperwork verified for waiver?			<input checked="" type="checkbox"/>
New Castle and Kent Counties Only			
7. Was Two-Speed Idle testing required?		<input checked="" type="checkbox"/>	
a) Was Two-Speed Idle testing performed?			<input checked="" type="checkbox"/>
Sussex County Only			
8. Was Curb Idle testing required?	<input checked="" type="checkbox"/>		
a) Was Curb Idle testing performed?	<input checked="" type="checkbox"/>		
Comment:			
Lane Supervisor Signature: _____			

DMV Lane Technician Observation Report

DMV Technician: <u>Lesker Bristow</u>		Position: <u>1</u> or 2	
Station: <u>Georgetown</u>		Date: <u>7-2-14</u>	Time: <u>1:27</u>
Vehicle Make: <u>Dodge</u>		Model: <u>Caliber</u>	Year: <u>2007</u>
GVWR:	Fuel Type: <u>G</u>	Registration Number: <u>VN27064</u>	
Auditor: <u>Dossert</u>		<u>Covert</u> / Overt (circle one)	

	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	✓		
2. Was Emissions testing required?	✓		
a) Was Emissions testing performed using OBD?	✓		
b) Was Emissions testing performed using Analyzer Probe?		✓	
c) Was Emissions testing performed using Paddle(s)?		✓	
d) Was Emissions testing performed using Clip?		✓	
3. Was Catalytic Converter inspection required?		✓	
a) Was Catalytic Converter inspection performed?			✓
4. Was Fuel Tank pressure testing required?		✓	
a) Was Fuel Tank pressure testing performed?			✓
5. Was Fuel Cap pressure testing required?		✓	
a) Was Fuel Cap pressure testing performed?			✓
6. Is this test a Re-check from a prior failure?		✓	
a) Which re-check test is being performed? 1 2 3 (circle one)			✓
b) If this is re-check #3, was repair paperwork verified for waiver?			✓
New Castle and Kent Counties Only			
7. Was Two-Speed Idle testing required?		✓	
a) Was Two-Speed Idle testing performed?			✓
Sussex County Only			
8. Was Curb Idle testing required?		✓	
a) Was Curb Idle testing performed?			✓
Comment:			
Lane Supervisor Signature: _____			

DMV Lane Technician Observation Report

DMV Technician: <u>Jordan Champlin</u>		Position: <u>Cor 2</u>	
Station: <u>Georgetown</u>	Date: <u>7-2-14</u>	Time: <u>1:00</u>	
Vehicle Make: <u>Crysler</u>	Model: <u>300</u>	Year: <u>2005</u>	
GVWR:	Fuel Type: <u>G</u>	Registration Number: <u>LCM 612</u>	
Auditor: <u>Dossier</u>		<u>Covert</u> / Overt (circle one)	
		YES	NO
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	
2. Was Emissions testing required?		<input checked="" type="checkbox"/>	
a) Was Emissions testing performed using OBD?			<input checked="" type="checkbox"/>
b) Was Emissions testing performed using Analyzer Probe?		<input checked="" type="checkbox"/>	
c) Was Emissions testing performed using Paddle(s)?			<input checked="" type="checkbox"/>
d) Was Emissions testing performed using Clip?			<input checked="" type="checkbox"/>
3. Was Catalytic Converter inspection required?			<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?			<input checked="" type="checkbox"/>
4. Was Fuel Tank pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			<input checked="" type="checkbox"/>
5. Was Fuel Cap pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			<input checked="" type="checkbox"/>
6. Is this test a Re-check from a prior failure?			<input checked="" type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)			<input checked="" type="checkbox"/>
b) If this is re-check #3, was repair paperwork verified for waiver?			<input checked="" type="checkbox"/>
New Castle and Kent Counties Only			
7. Was Two-Speed Idle testing required?			<input checked="" type="checkbox"/>
a) Was Two-Speed Idle testing performed?			<input checked="" type="checkbox"/>
Sussex County Only			
8. Was Curb Idle testing required?		<input checked="" type="checkbox"/>	
a) Was Curb Idle testing performed?		<input checked="" type="checkbox"/>	
Comment:			
Lane Supervisor Signature: _____			

Revised 04/12/2013